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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|---|---|---|
| | - | About Debtor 1: | Α | bout Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Dennis First name J. Middle name Mason Last name and Suffix (Sr., Jr., II, III) | M | fiddle name ast name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6206 | | |

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Debtor 1 Dennis J. Mason

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|------------------|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | _ | | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | | |
| | | EINs | - | EINs | | | |
| 5. | Where you live | | | If Debtor 2 lives at a different address: | | | |
| | | 961A Hillside Avenue Antioch, IL 60002 | _ | | | | |
| | | Number, Street, City, State & ZIP Code | | Number, Street, City, State & ZIP Code | | | |
| | | County County | - | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | _ | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| ò. | Why you are choosing this district to file for | Check one: | | Check one: | | | |
| bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | | |

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Case number (if known) Debtor 1 Dennis J. Mason

| ar | Tell the Court About | Your B | ankruptcy Ca | se | | | | |
|-----|---|--------|----------------|---|---|---------------------------|----------------------------|---------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Req</i> page 1 and check the ap | | 12(b) for Individuals Fili | ing for Bankruptcy |
| | choosing to file under | ■ Cl | hapter 7 | | | | | |
| | | ☐ Cl | hapter 11 | | | | | |
| | | ☐ CI | hapter 12 | | | | | |
| | | ☐ CI | hapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | _ | about how yo | u may pay. Typ attorney is subr | en I file my petition. Plea ically, if you are paying the mitting your payment on y | he fee yourself, you ma | ay pay with cash, cashi | er's check, or money |
| | | | | | allments. If you choose s (Official Form 103A). | this option, sign and at | tach the Application for | r Individuals to Pay |
| | | | but is not req | uired to, waive y | ived (You may request to your fee, and may do so ad you are unable to pay | only if your income is le | ess than 150% of the o | fficial poverty line that |
| | | | | | Chapter 7 Filing Fee Wai | | | |
| 9. | Have you filed for bankruptcy within the | ■ No | | | | | | |
| | last 8 years? | ☐ Ye | | | | | | |
| | | | District | | When | | | |
| | | | District | | When _ When | | Case number | |
| | | | District | | vvnen _ | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | es. | | | | | |
| | | | Debtor | | | F | Relationship to you | |
| | | | District | | When | | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When _ | (| Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to I | ne 12. | | | | |
| | | ☐ Ye | es. Has yo | ur landlord obta | ained an eviction judgme | nt against you and do y | ou want to stay in your | residence? |
| | | | | No. Go to line | 12. | | | |
| | | | | Yes. Fill out <i>Ini</i> bankruptcy pet | itial Statement About an l ition. | Eviction Judgment Aga | inst You (Form 101A) a | and file it with this |
| | | | | | | | | |

Debtor 1 Dennis J. Mason Document Page 4 of 48 Case number (if known)

| art | 3: Report About Any Bu | sinesses ` | You Own as a Sole Propri | etor | | |
|------|---|------------------------|---|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | |
| | | ☐ Yes. | Name and location of bu | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code | | |
| | it to this petition. | | Check the appropriate b | ox to describe your business: | | |
| | | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) | | |
| | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | ☐ None of the above | ve | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadlines operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement coperations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur in 11 U.S.C. 1116(1)(B). | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | A: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | |
| | <u> </u> | | Tiazardous Froperty of A | Troporty mac recess miniculate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number, Street, City, State & Zip Code | | |
| | | | | | | |

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Debtor 1 Dennis J. Mason

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 48 Case number (if known) Debtor 1 Dennis J. Mason Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Dennis J. Mason Signature of Debtor 2 Dennis J. Mason Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on November 17, 2017

MM / DD / YYYY

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Debtor 1 Dennis J. Mason

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James T. Magee Signature of Attorney for Debtor | Date | November 17, 2017 MM / DD / YYYY |
|--|---------------|-------------------------------------|
| James T. Magee 1729446 Printed name | | |
| Magee Hartman, P.C. | | |
| 444 North Cedar Lake Road Round Lake, IL 60073 | | |
| Number, Street, City, State & ZIP Code | Email address | |
| Contact phone 1729446 Bar number & State | Email address | |

| Debtor 1 | Dennis J. Mason | | | |
|---|-----------------|-------------------|-------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|---|-------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 38,882.44 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 38,882.44 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 31,358.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 77,095.78 |
| | Your total liabilities | \$ | 108,453.78 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,037.92 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,039.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Case number (if known) Debtor 1 Dennis J. Mason

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,365.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total clai | m |
|--|------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | Document | Page 10 of 48 | | | |
|-------------|-----------------|-------------------------------|---|----------------------------------|---|--|--|
| Fill in | this info | rmation to identify your | case and this filing: | | | | |
| Debto | r 1 | Dennis J. Mason | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | E: AN | ACT III A | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | | | |
| United | States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLI | NOIS | | | |
| Casa | number | | | | | | |
| Case | number | | | _ | | ☐ Check if this is an amended filing | |
| | | | | | | 3 | |
| ~ ~~ | | 4004/5 | | | | | |
| Offic | cial F | orm 106A/B | | | | | |
| Sch | nedu | le A/B: Prop | ertv | | | 12/15 | |
| | | - | e items. List an asset only once. If | an asset fits in more than or | ne category, list the asset in | the category where you | |
| | | | te as possible. If two married peop a separate sheet to this form. On th | | | | |
| | every qu | | a separate sheet to this form. On the | ie top of any additional page | es, write your name and cas | e number (ii known). | |
| Port 1 | Dogorib | o Each Pacidonae Building | Land or Other Book Estate Vou O | um or Hove on Interest In | | | |
| Part 1: | Describ | e Each Residence, Building | , Land, or Other Real Estate You O | will of have all litterest in | | | |
| . Do y | ou own o | r have any legal or equitable | interest in any residence, building | , land, or similar property? | | | |
| ■ N | o. Go to P | art 2 | | | | | |
| _ | | e is the property? | | | | | |
| | es. where | e is the property? | | | | | |
| Part 2: | Describ | e Your Vehicles | | | | | |
| _ | | | | | | | |
| | | | itable interest in any vehicles, e, also report it on Schedule G: E | | | ehicles you own that | |
| | | • | • | incounterly Communication and Co | | | |
| 3. Car | s, vans, | trucks, tractors, sport ut | lity vehicles, motorcycles | | | | |
| □N | lo | | | | | | |
| ■ Y | ' es | | | | | | |
| | 00 | | | | | | |
| 3.1 | Make: | Chevrolet | Who has an interest in the | ne nronerty? Chack and | Do not deduct secured of | laims or exemptions. Put | |
| 5.1 | | Impala | Debtor 1 only | ie property: Check one | the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Proper | | |
| | Model: Year: | 2017 | Debtor 1 only Debtor 2 only | | | | |
| | | | Debtor 2 only Debtor 1 and Debtor 2 | only | Current value of the entire property? | Current value of the portion you own? | |
| | Other info | | At least one of the deb | , | | , , | |
| | | | | | | | |
| | | | ☐ Check if this is comm | unity property | \$25,000.00 | \$25,000.00 | |
| | | | (see instructions) | | | | |
| | | | | | | | |
| | | | ΓVs and other recreational veh | | | | |
| Exai | mples: Bo | oats, trailers, motors, perso | onal watercraft, fishing vessels, s | nowmobiles, motorcycle ac | ccessories | | |
| ■ N | lo | | | | | | |
| \ | - | | | | | | |
| ш, | 62 | | | | | | |
| | | | | | | | |
| 5 Ad | d the do | llar value of the portion v | ou own for all of your entries f | rom Part 2, including an | v entries for | | |
| | | | Write that number here | | | \$25,000.00 | |
| | | | | | | | |
| Part 3: | Describ | e Your Personal and House | hold Items | | | | |
| Do yo | u own o | r have any legal or equita | able interest in any of the follow | ving items? | | Current value of the | |
| | | | | | | portion you own? Do not deduct secured | |
| | | | | | | claims or exemptions. | |
| | | | | | | | |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Document Page 11 of 48 Debtor 1 , Case number *(if known)* Dennis J. Mason Yes. Describe..... \$300.00 Couch and Livingroom Furnishings Television and Bedroom Set \$250.00 \$250.00 Microwave, Kitchen Utensils, Kitchen Table and Chairs 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$200.00 Glock Pistol 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$350.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$50.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 2

Case 17-34500

Doc 1

Filed 11/17/17

Entered 11/17/17 13:03:35

Desc Main

| De | btor 1 | Dennis J. Ma | Do son | cument | Page 12 of 48 $_{_{ m C}}$ | ase number (if known) | |
|-----|-----------------------------|--|--|--------------------------|--|--------------------------------------|---|
| 15. | | he dollar value o | f all of your entries from Parumber here | | | ou have attached | \$1,400.00 |
| Par | rt 4: Des | scribe Your Financ | ial Assets | | | | |
| Do | you ow | n or have any le | gal or equitable interest in a | ny of the followir | ng? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | | ave in your wallet, in your hom | | sit box, and on hand wl | hen you file your petitio | on |
| | | | vings, or other financial accour f you have multiple accounts w | rith the same instit | tution, list each. | dit unions, brokerage h | nouses, and other similar |
| | Yes | | | Institution na | me: | | |
| | | | Checking and 17.1. Savings #2222 | State Bank | of the Lakes | | \$200.00 |
| 19. | ■ No □ Yes Non-pu joint ve | blicly traded stoenture | Institution or issuer nation about them | ame: ated and unincor | porated businesses, | including an interes % of ownership: | t in an LLC, partnership, and |
| | Negotia Non-ne ■ No | able instruments i egotiable instrume | rate bonds and other negotianclude personal checks, cashinants are those you cannot transtration about them Issuer name: | ers' checks, prom | gotiable instruments issory notes, and mon | ey orders. | |
| ļ | <i>Examp</i> □ No | | RA, ERISA, Keogh, 401(k), 403 | 3(b), thrift savings | accounts, or other per | nsion or profit-sharing | plans |
| | ■ Yes. | List each account | separately. Type of account: | Institution na | me: | | |
| | | | Pension (monthly) | Fox Lake F | Police Pension Fun | nd | \$2,282.44 |
| | | | 401(k) | IMRF (est.) | | | \$10,000.00 |
| | Your sl Examp ■ No | les: Agreements | orepayments I deposits you have made so th with landlords, prepaid rent, pu | ıblic utilities (elect | ric, gas, water), teleco | | nies, or others |
| | ⊔ Yes. | | | insutution na | me or individual: | | |
| | Annuiti ■ No | es (A contract for | a periodic payment of money | to you, either for I | ife or for a number of y | years) | |

☐ Yes.....

Issuer name and description.

| _ | | Case 17-34500 | DOC 1 | Document | Page 13 of 48 | Desc Main | | |
|-----|---|---|--|--------------------------|--|--|--|--|
| De | ebtor 1 | Dennis J. Mason | | | Case number (if known) | | | |
| 24. | | s in an education IRA, in C. §§ 530(b)(1), 529A(b), a | | n a qualified ABLE pro | gram, or under a qualified state tuition pro | gram. | | |
| | Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | | | | | | | |
| | ■ No | equitable or future interesting equitable or future interesting and six of the second | | ty (other than anythin | g listed in line 1), and rights or powers exe | cisable for your benefit | | |
| | 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them | | | | | | | |
| | Examp ■ No | es, franchises, and other les: Building permits, exclu | usive licenses, | | n holdings, liquor licenses, professional license | es | | |
| M | oney or p | oroperty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| | ■ No | unds owed to you Give specific information al | bout them, incl | luding whether you alrea | ady filed the returns and the tax years | | | |
| | Examp ■ No | support oles: Past due or lump sum Give specific information | , | sal support, child suppo | ort, maintenance, divorce settlement, property | settlement | | |
| 30. | Examp ■ No | imounts someone owes yoles: Unpaid wages, disabil benefits; unpaid loans Give specific information | ity insurance p | | efits, sick pay, vacation pay, workers' compen | sation, Social Security | | |
| 31. | | ts in insurance policies oles: Health, disability, or lif | e insurance; h | ealth savings account (I | HSA); credit, homeowner's, or renter's insuran | ce | | |
| | | Name the insurance compa Com | any of each po | licy and list its value. | Beneficiary: | Surrender or refund | | |
| | | | , , | | | value: | | |
| | If you a someon | erest in property that is one the beneficiary of a living the has died. Give specific information | due you from and trust, expect | | d surance policy, or are currently entitled to rece | | | |
| 33. | If you a someon ■ No □ Yes. Claims Examp | are the beneficiary of a livin ne has died. Give specific information | due you from any trust, expected the second trust, expected the second trust in the se | proceeds from a life ins | surance policy, or are currently entitled to rece t or made a demand for payment | | | |

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Describe each claim.......

■ No

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Case number (if known) Document Debtor 1 Dennis J. Mason 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$12,482.44 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$25,000.00 57. Part 3: Total personal and household items, line 15 \$1,400.00 Part 4: Total financial assets, line 36 \$12,482.44 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

Official Form 106A/B Schedule A/B: Property page 5

\$38,882.44

Copy personal property total

Total personal property. Add lines 56 through 61...

Total of all property on Schedule A/B. Add line 55 + line 62

\$38,882.44

\$38,882.44

| | | | III FAUE 13 UL40 | |
|---------------------|--------------------------|-------------------|------------------|-----------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Dennis J. Mason | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|-----------------------------------|---|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$25,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$200.00 | | \$200.00 | 20 ILCS 1805/10 |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$250.00 | \$250.00 \$200.00 \$200.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 | \$25,000.00 \$25,000.00 \$25,000.00 \$20,000.00 \$20,000.00 \$20,000.00 \$300.00 |

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| | | ornino or iniacon | | | | |
|------------------------------|---|---|--------------------------------------|---------|---|------------------------------------|
| | | cription of the property and line on A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | | g Apparel n Schedule A/B: 11.1 | \$350.00 | | \$350.00 | 735 ILCS 5/12-1001(a) |
| | Line non | Tooreadie 772. | | | 100% of fair market value, up to any applicable statutory limit | |
| | Jewelry | y n Schedule A/B: 12.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | Line non | il Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | ng and Savings #2222: State f the Lakes | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.1 | | | | | 100% of fair market value, up to any applicable statutory limit | |
| | | n (monthly): Fox Lake Police | \$2,282.44 | | \$2,282.44 | 735 ILCS 5/12-1006 |
| | Pension Fund Line from Schedule A/B: 21.1 | | | | 100% of fair market value, up to any applicable statutory limit | |
| | ٠, | IMRF (est.) | \$10,000.00 | | \$10,000.00 | 735 ILCS 5/12-1006 |
| | Line non | in Schedule A/B. 21.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | (Subject | claiming a homestead exemption to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt.) |
| | ■ No | | | | | |
| | _ | s. Did you acquire the property cover | red by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | | No | | | | |
| | | Yes | | | | |

| | Case 17-34500 | Doc 1 Filed 11/17/17 Document | Entered Page 17 | l 11/17/17 13:0 of 48 | 3:35 Desc M | 1ain |
|-----------------|--|---|--------------------|-----------------------------------|--|-------------------|
| Filli | in this information to identify yo | | | | | |
| Deb | tor 1 Dennis J. Mas | on | | | | |
| DOD | First Name | Middle Name | Last Name | | | |
| | tor 2 use if, filling) First Name | Middle Name | Last Name | | | |
| 11.36 | - 1 Otata - Danish and tan 1 | NORTHERN DISTRICT OF ILL | INICIS | | | |
| Unite | ed States Bankruptcy Court for th | e: NORTHERN DISTRICT OF ILL | .111015 | | | |
| Case | e number | | | | | |
| (if kno | own) | | | | _ | if this is an |
| | | | | | ameno | led filing |
| ∩ffi | icial Form 106D | | | | | |
| | | - M/b - 11-, Claima - | C · · · | by December | _ | |
| SCI | neaule D: Creditor | s Who Have Claims : | <u>Securea</u> | by Property | | 12/15 |
| s nee | eded, copy the Additional Page, fill i | e. If two married people are filing togethe t out, number the entries, and attach it t | | | | |
| | per (if known). any creditors have claims secured | by your proporty? | | | | |
| | • | | aabadulaa Va | u haya nathing alaa ta | ranart an thia farm | |
| | _ | this form to the court with your other | scriedules. 10 | u nave nothing else to | report on this form. | |
| ' | Yes. Fill in all of the information | ı below. | | | | |
| Part | 1: List All Secured Claims | | | | 0.1 | |
| | | s more than one secured claim, list the cred | | Column A | Column B | Column C |
| | | as a particular claim, list the other creditors | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | A a si On a situ (ON | | | value of collateral. | claim | if any |
| 2.1 | AmeriCredit/GM Financial | Describe the property that secures t | the claim: | \$31,358.00 | \$25,000.00 | \$6,358.00 |
| | Creditor's Name | 2017 Chevrolet Impala 12,00 | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | As of the data was file the alaim is | | | | |
| | | AS OF THE DATE VOILTILE THE CIAIM IS: (| Check all that | | | |
| | P. O. Box 183853 | As of the date you file, the claim is: (apply. | Check all that | | | |
| | Arlington, TX 76096 | apply. Contingent | Check all that | | | |
| | | apply. Contingent Unliquidated | Check all that | | | |
| Who | Arlington, TX 76096 Number, Street, City, State & Zip Code | apply. Contingent Unliquidated Disputed | Check all that | | | |
| _ | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | | | |
| ■ D | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as reference) | | ıred | | |
| ■ D | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only Debtor 2 only | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) | mortgage or secu | ıred | | |
| | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) Statutory lien (such as tax lien, med | mortgage or secu | ıred | | |
| | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only at least one of the debtors and another | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) Statutory lien (such as tax lien, med | mortgage or secu | ured | | |
| ■ D □ D □ D □ A | Arlington, TX 76096 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) Statutory lien (such as tax lien, med | mortgage or secu | ıred | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$31,358.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$31,358.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | Document | Page 1 | 8 of 48 | _ | |
|---|---|---|---|---|--|--|---|
| FIII | n this inforr | mation to identify your | case: | | | | |
| Debt | or 1 | Dennis J. Mason | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt (Spou | or 2 se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF IL | LLINOIS | | | |
| Case (if kno | e number _ | | | | | _ | Check if this is an |
| | | | | | | a | mended filing |
| | | n 106E/F E /F: Creditors W | /ho Have Unsecured | l Claims | | | 12/15 |
| ny ex sched sched eft. A same | kecutory cont dule G: Execu dule D: Credit ttach the Cor and case nur | tracts or unexpired leases ttory Contracts and Unexp ors Who Have Claims Sec ntinuation Page to this pag mber (if known). | se Part 1 for creditors with PRIORI that could result in a claim. Also irred Leases (Official Form 106G). ured by Property. If more space is ge. If you have no information to re | list executory of Do not include needed, copy | contracts on Schedule A/B any creditors with partially the Part you need, fill it ou | : Property (Offici y secured claims t, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| Part | | II of Your PRIORITY Ur | | | | | |
| _ | _ | ors have priority unsecure | d claims against you? | | | | |
| _ | No. Go to F | 'art 2. | | | | | |
| ا Part | Yes. | II of Your NONPRIORIT | V Unsecured Claims | | | | |
| | | | cured claims against you? | | | | |
| | _ | | eart. Submit this form to the court with | h your other sch | edules. | | |
| | Yes. | | | , | | | |
| t | insecured claii | m, list the creditor separatel | aims in the alphabetical order of t y for each claim. For each claim liste ist the other creditors in Part 3.If you | ed, identify what | type of claim it is. Do not list | claims already inc | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | Capital | One Bank | Last 4 digits of ac | count number | 9992 | | \$7,656.89 |
| | Nonpriorit | y Creditor's Name ankruptcy ox 30253 | When was the deb | ot incurred? | | | - |
| | Number S | ke City, UT 84130 treet City State Zlp Code rred the debt? Check one. | As of the date you | ı file, the claim | is: Check all that apply | | |
| | Debtor | 1 only | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At leas | st one of the debtors and an | other Type of NONPRIO | RITY unsecure | d claim: | | |
| | | if this claim is for a com | | | | | |
| | debt Is the clai | im subject to offset? | ☐ Obligations aris report as priority cla | | aration agreement or divorce | that you did not | |
| | ■ No | | ☐ Debts to pensio | n or profit-sharir | ng plans, and other similar de | ebts | |
| | ☐ Yes | | Other. Specify | Balance or | 1 Account | | _ |
| | | | | | | | - |

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Debtor 1 Dennis J. Mason Case number (if know) 4.2 \$3,928.25 **Capital One Bank** Last 4 digits of account number 0192 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? P. O. Box 30253 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.3 **Chase Card** Last 4 digits of account number 4179 \$413.52 Nonpriority Creditor's Name Attn: Correspondence Dept. When was the debt incurred? P. O. Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Balance on Account** Other. Specify 4.4 Citibank / Best Buy Last 4 digits of account number 5316 \$2,033.38 Nonpriority Creditor's Name Centralized Bankruptcy When was the debt incurred? P. O. Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes

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Debtor 1 Dennis J. Mason Case number (if know) 4.5 \$5,892.73 Citibank / Sears Last 4 digits of account number 2143 Nonpriority Creditor's Name Attn: Centralized Bankruptcy When was the debt incurred? P. O. Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.6 Citibank/The Home Depot Last 4 digits of account number 1360 \$2,329.66 Nonpriority Creditor's Name Centralized Bankruptcy When was the debt incurred? P. O. Box 790040 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Balance on Account** Other. Specify 4.7 **Citicards CBNA** Last 4 digits of account number 7947 \$7,300.83 Nonpriority Creditor's Name Centralized Bankruptcy When was the debt incurred? P. O. Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes

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| Dennis J. Mason | Case number (if know) | | | | | |
|---|---|------------|--|--|--|--|
| Comenity Bank/Gander Mountain Nonpriority Creditor's Name | Last 4 digits of account number 4844 | \$2,789.57 | | | | |
| P. O. Box 182125 Columbus, OH 43218 | When was the debt incurred? | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Yes | Other. Specify Balance on Account | | | | | |
| First Bank Card | Last 4 digits of account number 5694 | \$2,897.80 | | | | |
| Nonpriority Creditor's Name P. O. Box 2557 | When was the debt incurred? | | | | | |
| Omaha, NE 68191 | When was the dept incurred: | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Yes | Other. Specify Balance on Account | | | | | |
| Fortiva/Atlanticus | Last 4 digits of account number 9252 | \$1,193.00 | | | | |
| Nonpriority Creditor's Name | - <u> </u> | | | | | |
| P. O. Box 10555 | When was the debt incurred? | | | | | |
| Atlanta, GA 30348 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | ····· • · · · · · · · · · · · · · · · · | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | □ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐ Yes | ■ Other, Specify Balance on Account | | | | | |

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Page 22 of 48 Case number (if know) Debtor 1 Dennis J. Mason 4.1 Lending Club Corp. 0426 \$19,383.00 Last 4 digits of account number Nonpriority Creditor's Name 71 Stevenson Street, #300 When was the debt incurred? San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.1 Syncb/Citgo 8669 \$507.90 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P. O. Box 965060 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes 4.1 Syncb/Mattress Firm 0609 \$375.00 Last 4 digits of account number Nonpriority Creditor's Name P. O. Box 965064 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes

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Debtor 1 Dennis J. Mason Case number (if know) 4.1 Synchrony Bank/BP 2280 \$2,251.27 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? P. O. Box 965060 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Balance on Account 4.1 Synchrony Bank/Walmart 8036 \$4,052.13 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? P. O. Box 965060 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes 4.1 US Bank/RMS CC 6436 \$6,992.90 Last 4 digits of account number 6 Nonpriority Creditor's Name **Card Member Services** When was the debt incurred? P. O. Box 108 St Louis, MO 63166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account

☐ Yes

Page 24 of 48 Case number (if know) Document Debtor 1 Dennis J. Mason

| WFBN-Cabela's Club Visa | Last 4 digits of account number 9193 | \$7,097.95 |
|--|---|------------|
| Nonpriority Creditor's Name | | |
| Attn: Bankruptcy | When was the debt incurred? | |
| 4800 NW 1st Street | | |
| Lincoln, NE 68521 | _ | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| ls the claim subject to offset? | report as priority claims | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Balance on Account | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | - | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 77,095.78 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 77,095.78 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | | III PAUE 73 UI 40 | |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Dennis J. Mason | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Landlord | Month to Month Apartment Lease |
| 2.2 Landlord | Month to Month Storage Unit Lease |

| | | Docume | nt Page 26 d | of 48 | |
|----------------------------------|--|--|---------------------------|--|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Dennis J. Mason | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | phor | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Sched Codebtors Deople are | | e also liable for any deb ally responsible for supp | lying correct informat | tion. If more space is ne | eeded, copy the Additional Page, |
| | and number the entries in the e and case number (if known). | | | to this page. On the top | of any Additional Pages, write |
| 1. Do | you have any codebtors? (If y | ou are filing a joint case, | do not list either spouse | as a codebtor. | |
| = N. | | | | | |
| ■ No □ Ye | | | | | |
| ⊔ Ye | S | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | states and territories include |
| ■ No | . Go to line 3. | | | | |
| | s. Did your spouse, former spou | se or legal equivalent live | with you at the time? | | |
| – 16 | s. Dia your spouse, former spou | ise, or legal equivalent live | with you at the time: | | |
| in line Form | e 2 again as a codebtor only if | that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed the DGG). Use Schedule D, S | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fil ditor to whom you owe the debt |
| | Name, Number, Street, City, State and Zir | Code | | Check all schedules | s that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| <u></u> | Name | | | ☐ Schedule E/F, lir | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | |
| | Number Street | State | ZIP Code | | |

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| Fill | in this information to identify your o | ase: | | | | 1 | | | | |
|---|---|----------------------------|-------------------------|-------------|-------|----------------|---|---------------|--------------------------------------|----|
| De | btor 1 Dennis J. M | ason | | | _ | | | | | |
| | btor 2 | | | | _ | | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRI | CT OF ILLINOIS | | | | | | | |
| | se number nown) | | - | | | ☐ An | if this is: amended uppleme income a | nt showing | postpetition chapter lowing date: | |
| 0 | fficial Form 106I | | | | | | 1 / DD/ Y` | | • | |
| S | chedule I: Your Inc | ome | | | | | ., , . | | 12/ | 15 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | ır spouse is not filing w | rith you, do not includ | de infori | natio | on about y | our spo | use. If moi | re space is needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fili | ng spouse | |
| If you have attach a se information | If you have more than one job, | Employment status | ■ Employed | | | ı | Emplo | yed | | |
| | information about additional | | ☐ Not employed | | | | ☐ Not en | nployed | | |
| | attach a separate page with information about additional employers. Include part-time, seasonal, or | Occupation | Court Security (| Officer | | | | | | |
| | self-employed work. | Employer's name | Lake County | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Waukegan, IL 60 | 0085 | | | | | | |
| | | How long employed | there? | | | | | | | |
| Pa | rt 2: Give Details About Mo | nthly Income | | | | | | | | |
| | imate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any l | line, write \$ | 0 in the | space. Incl | ude your non-filing | |
| | ou or your non-filing spouse have m e space, attach a separate sheet to | | combine the information | n for all e | mplo | oyers for th | at persor | n on the line | es below. If you need | t |
| | | | | | | For Debto | or 1 | For Debt | tor 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,5 | 00.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly over | ime pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |

2,500.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | Dennis J. Mason | - | (| Case | number (if known) | | | | |
|-----|-----------------------|--|----------|----------------|-----------|-------------------|---------------|--------|----------------|-----------------|
| | | | | | For | Debtor 1 | | Debtor | | |
| | Cop | by line 4 here | 4. | | \$_ | 2,500.00 | \$ | | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 600.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | : . | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | 1. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$ | 144.52 | \$ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0.00 | \$_ | | 0.00 | _ |
| | 5g. | Union dues | 5g | | \$_ | 0.00 | \$_ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$_ | 0.00 | + \$_ | | 0.00 | _ |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 744.52 | \$_ | | 0.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 1,755.48 | \$_ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1 | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | | <u>\$</u> | 0.00 | \$- | | 0.00 | _ |
| | 8c. 8d. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c 8c | | \$_ \$ | 0.00 | \$ _ \$ | | 0.00 | _ |
| | 8e. | Social Security | 86 | €. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. | | \$_ \$ | 0.00 | \$_ | | 0.00 | _ |
| | 8g. 8h. | Other monthly income. Specify: | 8g | }. 1.+ | \$ _ | 2,282.44 0.00 | + \$ _ | | 0.00 | _ |
| | OII. | Other monthly moonie. openiy. | _ 01 | ··· | Ψ_ | 0.00 | 'Ψ_ | | 0.00 | _ |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 5 | \$ | 2,282.44 | \$_ | | 0.0 | 0 |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 4,037.92 + \$ | | 0.00 | = \$ | 4,037.92 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ ₋ | | 1,007.02 | | 0.00 | | 4,007.02 |
| 11. | Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | • | | | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 12. | \$ | 4,037.92 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form' | ? | | | | | | Combine month! | ned y income |
| | | Yes, Explain: Income varies due to leave time to be caregiver f | or D | ام(| tor' | s daughter | | | | |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill | in this information | on to identify yo | our case: | | | | | |
|-------|--|-------------------|---------------|----------------------------------|----------------------|-------------|------------------|--------------|
| Deb | otor 1 | Dennis J. Ma | ison | | | Che | eck if this is: | |
| | _ | | | | | | A supplement sho | |
| Unit | ted States Bankrup | tcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | se number | | | | | | | |
| (If k | nown) | | | | | | | |
| O | fficial Fori | m 106J | | | | | | |
| S | chedule . | J: Your | Exper | ises | | | | 12/15 |
| info | Debtor 2 (Spouse, if filing) United States Bankruptry Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No, Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Pestor 2. Do not state the dependents names. Part 2: Estimate Your Ongoing Monthly Expenses Sating a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. No Corresponses and lower have included it on Schedule I. Your Income (Official Form 106L). | | | | | | | |
| | | | hold | | | | | |
| 1. | • | | | | | | | |
| | | | n a separa | ate household? | | | | |
| | □No | | | | | | | |
| | ☐ Yes | . Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have o | dependents? | ■ No | | | | | |
| | | tor 1 and | ☐ Yes. | | | | | |
| | | | | | | | | — · · · · |
| | dependents na | imes. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | _ | |
| | | | | | | | | — · · · · |
| 3. | | | - | No | - | | | |
| | | | | Yes | | | | |
| Dor | <u> </u> | • | | v Evnances | | | | |
| Est | imate your exponenses as of a | enses as of yo | our bankrı | uptcy filing date unless y | | | | |
| the | value of such a | assistance an | | | | | Your exp | penses |
| | | | | | | | | |
| 4. | | | | | nclude first mortgag | e 4. | \$ | 750.00 |
| | If not included | d in line 4: | | | | | | |
| | | ate taxes | | | | 4a. | | 0.00 |
| | | , homeowner's | | | | 4b. | | 0.00 |
| | | | | ıpkeep expenses dominium dues | | 4c. 4d. | | 0.00 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. | · | 0.00 |

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| ebtor 1 | Dennis J. Mason | Case num | nber (if known) | |
|----------------|--|--------------------|---------------------------------------|--------------------------|
| . Utilit | ies: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 50.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 60.00 |
| 6d. | Other. Specify: | 6d. | | 0.00 |
| Food | d and housekeeping supplies | 7. | \$ | 400.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | hing, laundry, and dry cleaning | 9. | · | 75.00 |
| | onal care products and services | 10. | · | 50.00 |
| | ical and dental expenses | 11. | · · · · · · · · · · · · · · · · · · · | 150.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | | |
| | ot include car payments. | 12. | \$ | 250.00 |
| 3. Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| 4. Chai | ritable contributions and religious donations | 14. | \$ | 40.00 |
| 5. Insu | rance. | | | |
| Do n | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 86.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 107.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. Taxe | es. Do not include taxes deducted from your pay or included in lines 4 or 2 | .0. | | |
| Spec | | 16. | \$ | 0.00 |
| 7. Insta | allment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 561.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: Storage Unit | 17c. | \$ | 160.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not re | | | 0.00 |
| | icted from your pay on line 5, Schedule I, Your Income (Official Form | 1 06I). 18. | · | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 1,000.00 |
| | Daughter Daughter | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or o | | | |
| 20a. | Mortgages on other property | 20a. | · - | 0.00 |
| 20b. | Real estate taxes | 20b. | | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Othe | r: Specify: | 21. | +\$ | 0.00 |
| | | | | 3.00 |
| | ulate your monthly expenses | | | _ |
| | Add lines 4 through 21. | | \$ | 4,039.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1 | 06J-2 | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,039.00 |
| 0-1- | ulate very manthly not income | | | · . |
| | ulate your monthly net income. | 00 | ¢ | 4 007 00 |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 4,037.92 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,039.00 |
| 00- | Cubing at your monthly over an age for an area to be in a second | | | |
| 23C. | Subtract your monthly expenses from your monthly income. | 23c. | \$ | -1.08 |
| | The result is your <i>monthly net income</i> . | 200. | <u> </u> | |
| For e | ou expect an increase or decrease in your expenses within the year axample, do you expect to finish paying for your car loan within the year or do you expication to the terms of your mortgage? O. | | | e or decrease because of |
| _ | | additional fina | ncial support | |
| Y | es. Explain here: Debtor's daugnter may have need for a | auditional final | nciai support. | |

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| Fill in this inform | nation to identify your o | ase: | | | |
|---------------------------------------|--|-------------------------|-----------------------------|---------------------------|--------------------------------------|
| Debtor 1 | Dennis J. Mason | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | ☐ Check if this is an amended filing |
| | nited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ase number Check if this is an | | | | |
| Declarati | ion About a | n individual | Deptor S Sc | nedules | 12/15 |
| obtaining money years, or both. 18 | or property by fraud in B U.S.C. §§ 152, 1341, 19 | connection with a bank | | | |
| Did you pay | or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | | |
| | ty of perjury, I declare t true and correct. | hat I have read the sum | mary and schedules filed | l with this declaration a | nnd |
| Dennis | nis J. Mason J. Mason e of Debtor 1 | | X Signature of D | Debtor 2 | |

Date

Date November 17, 2017

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| Fill | in this inform | nation to identify you | r case: | | | | | | | | |
|-------------------|----------------------------|---|--|---|--|---|--|--|--|--|--|
| | btor 1 | Dennis J. Masor | | | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | | |
| l | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | | |
| Ca | se number | | | | | | | | | | |
| | nown) | | | | - | Check if this is an mended filing | | | | | |
| St | | of Financial | | duals Filing for B | ankruptcy | 4/10 | | | | | |
| info | rmation. If m | | attach a separate sheet to | | / additional pages, write you | | | | | | |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | | | | | | |
| 1. | What is your | current marital statu | ıs? | | | | | | | | |
| | ☐ Married ■ Not marr | ried | | | | | | | | | |
| 2. | During the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | | | | | | |
| | ■ No □ Yes. List | s. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | | |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | | | | | | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | | | | | | |
| 4. | Fill in the tota | I amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$47,681.00 | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | | |

Official Form 107

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Debtor 1 Dennis J. Mason

| | | | | | Debtor 1 | | Debtor 2 | |
|----|-------------------------|------------------------------------|--------------------------------------|---|--|--|--|---|
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last ca inuary 1 | | | r: ber 31, 2016) | ■ Wages, commissions, bonuses, tips | \$53,293.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | before that: ber 31, 2015) | ■ Wages, commissions, bonuses, tips | \$53,247.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include and oth winning | e inco ner p gs. If ch so | ome requiblic be you ar | gardless of wheth enefit payments; e filing a joint cas | pensions; rental income; inter e and you have income that y | amples of other income are al | • | |
| | | | | | Debtor 1 | | Debtor 2 | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | | | rrent year until bankruptcy: | Duty Disability Pension | \$25,475.10 | | |
| Pa | rt 3: | List (| Certair | n Pavments You | Made Before You Filed for | Bankruptcv | | |
| 6. | Are eit | 0. | Neithe individu During D No | r Debtor 1 nor D ual primarily for a the 90 days befo o. Go to line 7 es List below e paid that cre not include | personal, family, or househoure you filed for bankruptcy, disease to see you filed for bankruptcy, disease you filed for the whom you paised to see you for the payments to an attorney for the payments to an attorney for the young for the yo | umer debts. Consumer debts Id purpose." id you pay any creditor a total id a total of \$6,425* or more in the for domestic support obligations bankruptcy case. | of \$6,425* or more? n one or more payments and the ations, such as child support a cor after the date of adjustment. | ne total amount you nd alimony. Also, do |
| | ■ Ye | | | | r both have primarily consure you filed for bankruptcy, di | umer debts. id you pay any creditor a total | of \$600 or more? | |
| | | | □ No ■ Ye | es List below e include pay | ach creditor to whom you pai | | the total amount you paid that ort and alimony. Also, do not i | |

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Case number (if known) Debtor 1 Dennis J. Mason

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
|-----|--|---|--|--|--|--|
| | Current monthly rental and car payments. | | \$0.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Re ☐ Suppliers ☐ Other | ard payment |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. | artners; relatives of any gene n control, or owner of 20% or | eral partners; partner more of their voting | erships of which yo g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | nny property on a | ccount of a d | ebt that benefited an |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | t 4: Identify Legal Actions, Repossessio | ns and Foreclosures | Posses | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title | | | | | t or custody |
| | Case number | Nature of the case | Court or agency | | Otatus Of th | ic case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details. | | uding a bank or fii | nancial institutior | ı, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrup | tcy, was any of your prope | rty in the possess | | | efit of creditors, a |
| | court-appointed receiver, a custodian, or a | | | 3 | | • |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |

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Case number (if known) Document Debtor 1 Dennis J. Mason

| Pai | t 5: List Certain Gifts and Contributions | i | | | |
|-----|---|----------|--|---|------------------------|
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | No No | | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or co | | | | |
| | Gifts or contributions to charities that to more than \$600 Charities Name | | Describe what you contributed | Dates you contributed | Value |
| Dat | Address (Number, Street, City, State and ZIP Code) t 6: List Certain Losses | | | | |
| 15. | or gambling? ☐ No ☐ Yes. Fill in the details. | | r since you filed for bankruptcy, did you lose any | | |
| | how the loss occurred | Includ | ibe any insurance coverage for the loss ethe amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | Gambling Losses | | | Jan. to Aug., 2017 | \$5,000.00 |
| | consulted about seeking bankruptcy or p | repari | lid you or anyone else acting on your behalf pay oing a bankruptcy petition? rs, or credit counseling agencies for services required | | rty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Magee Hartman, P.C. 444 North Cedar Lake Road Round Lake, IL 60073 bk@mageehartman.com | | Attorney Fees | | \$1,200.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credit Do not include any payment or transfer that you | itors c | | or transfer any prope | rty to anyone who |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | _ | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

| DI | 4 | Case 17-34500 | Doc 1 | Filed 11/17/17 Document | Page 36 of 4 | ./17/17 13:03:35 48 | Desc | Main |
|-----|--|---|--|--|-------------------------------|-----------------------------|------------------------|------------------------|
| Der | otor 1 | Dennis J. Mason | | | | Case number (if known) | | |
| 18. | Includinclud | in 2 years before you filed for ferred in the ordinary cour de both outright transfers and de gifts and transfers that you no Yes. Fill in the details. | se of your bu d transfers ma | siness or financial aff de as security (such as | airs? the granting of a se | | , | |
| | Person Who Received Transfer Address Person's relationship to you | | • | Description and value of property transferred | | y or debts | Date transfer was made | |
| | Lyn | ch Auto osha, WI | | 2004 Jeep Che | rokee | \$4,000.00 Trade In | | April, 2017 |
| | Non | ie | | | | | | |
| 19. | benef | in 10 years before you filed ficiary? (These are often cal No Yes. Fill in the details. | | | ny property to a so | elf-settled trust or simila | ır device o | of which you are a |
| | Nam | e of trust | | Description and | value of the prope | erty transferred | | Date Transfer was made |
| Par | rt 8: | List of Certain Financial A | ccounts, Ins | truments, Safe Deposi | it Boxes, and Stor | age Units | | |
| 20. | sold, Inclu | n 1 year before you filed fo moved, or transferred? de checking, savings, mon | ey market, oı | other financial accou | ınts; certificates o | of deposit; shares in ban | • | , |

houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

Yes. Fill in the details

| | 1 4 4 11 14 6 | | B | |
|--|---------------------------------|--|--|---|
| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| State Bank of the Lakes | XXXX- | ☐ Checking ■ Savings ☐ Money Market ☐ Brokerage ☐ Other | July, 2017 | \$200.00 |
| State Bank of the Lakes | xxxx- | ■ Checking □ Savings □ Money Market □ Brokerage □ Other_ | September 25, 2017 | \$2,882.00 |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

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| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | |
|-----|--|---|--|-----------------------|--|
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control for S | Someone Else | | | |
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for, | or hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Valu | |
| Par | 10: Give Details About Environmental Information | ation | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | |
| • | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites. | | | | |
| | Hazardous material means anything an environing hazardous material, pollutant, contaminant, or s | mental law defines as a hazardous | s waste, hazardous substance, toxic s | ubstance, | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | n they occurred. | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable | under or in violation of an environme | ntal law? | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements a | nd orders. | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have an | y of the following connections to any | business? | |
| | ☐ A sole proprietor or self-employed in a t | | · | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | |

Case 17-34500 Doc 1 Filed 11/17/17 Entered 11/17/17 13:03:35 Page 38 of 48 Case number (if known) Document Debtor 1 Dennis J. Mason ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Dennis J. Mason Signature of Debtor 2

■ No ☐ Yes

Dennis J. Mason Signature of Debtor 1

Date November 17, 2017

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

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| Fill in this infor | mation to identify yo | our case: | | | |
|---------------------------------|-------------------------|--------------------------|--|----------------------------|---|
| Debtor 1 | Dennis J. Mas | on | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United Ctates D | | NODTUEDN DIC | | | |
| United States Ba | ankruptcy Court for th | e: NORTHERN DIS | TRICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Fo | orm 108 | | | | |
| | | ion for India | iduala Filina II | Indox Chanta | 7 |
| Stateme | nt of intent | ion for indiv | riduals Filing U | nder Chapte | 12/15 |
| lf in a | lividual filia a vadan | -ht7 | Laut this farm if | | |
| | • | chapter 7, you must fil | out this form it: | | |
| _ | e claims secured by | | at assistant | | |
| | | ty and the lease has n | | atition or by the date se | t for the meeting of creditors, |
| | | | | | creditors and lessors you list |
| on the | form | | | | |
| If two married p | eople are filing toge | ther in a ioint case, bo | th are equally responsible f | or supplying correct in | formation. Both debtors must |
| | nd date the form. | | ,, | 3 | |
| Re as complete | and accurate as no | ssible If more snace is | needed attach a senarate | sheet to this form. On t | the top of any additional pages, |
| | our name and case | | niceucu, attacii a separate | Sheet to this form. On t | the top of any additional pages, |
| | | | | | |
| Part 1: List Y | our Creditors Who I | lave Secured Claims | | | |
| 1. For any credit | tors that you listed in | n Part 1 of Schedule D | : Creditors Who Have Claim | ns Secured by Property | (Official Form 106D), fill in the |
| information b | | to that is salletand | What days but and to day | | Did |
| identity the cr | reditor and the proper | ty that is collateral | What do you intend to do secures a debt? | with the property that | Did you claim the property as exempt on Schedule C? |
| | | | | | |
| | | | | | |
| | AmeriCredit/GM Fi | nancial | ☐ Surrender the property. | | □ No |
| name: | | | Retain the property and | | = |
| Description of | f 2017 Chevrolet | Impala 12.000 | Retain the property and | | ■ Yes |
| property | miles | III.paia 12,000 | Reaffirmation Agreeme | | |
| securing debt | | | ☐ Retain the property and | [explain]: | |
| occurring dobt | • | | | | _ |
| Part 2: List Y | our Unexpired Pers | onal Property Leases | | | |
| For any unexpir | ed personal propert | y lease that you listed | in Schedule G: Executory C | Contracts and Unexpire | d Leases (Official Form 106G), fill |
| | | | expired leases are leases the the trustee does not assume | | e lease period has not yet ended. |
| Tou may assum | e an unexpired pers | onal property lease in | ine trustee does not assum | e it. 11 0.3.0. § 303(p)(2 | -)- |
| Describe your | unexpired personal | property leases | | | Will the lease be assumed? |
| | | | | | _ |
| Lessor's name: | anad | | | | □ No |
| Description of le Property: | easeu | | | | ☐ Yes |
| 1 - 9 | | | | | □ 169 |
| Lessor's name: | | | | | □ No |
| Description of le | ased | | | | |
| Property: | | | | | ☐ Yes |
| Lassonia | | | | | |
| Lessor's name: | | | | | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb | otor 1 | Dennis J. Mason | Case number (if known) |
|---------------------------------|--|--|---|
| | scription | n of leased | ☐ Yes |
| 1 10 | perty. | | ☐ Yes |
| | sor's n | ame: n of leased | □ No |
| | perty: | ii oi leaseu | ☐ Yes |
| | sor's n | ame: n of leased | □ No |
| | perty: | 1.01.04004 | ☐ Yes |
| | sor's n | | □ No |
| Description of leased Property: | | in on leased | ☐ Yes |
| | sor's n | | □ No |
| | perty: | n of leased | ☐ Yes |
| Par | t 3: | Sign Below | |
| | | alty of perjury, I declare that I have indicate nat is subject to an unexpired lease. | I my intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ D | ennis J. Mason | X |
| | Dennis J. Mason Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date | November 17, 2017 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-34500 Doc 1 Filed 11/17/17 Entered 11/17/17 13:03:35 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Dennis J. Mason | | Case N | | |
|----------------|---|--|---|--|--------------------------|
| | | Debtor(s) | Chapte | r <u>7</u> | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be p | aid to me, for service | |
| | For legal services, I have agreed to accept | | \$ | 2,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | 832.00 | |
| | Balance Due | | \$ | 1,168.00 | |
| 2. | \$ 335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ′ | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are m | embers and associate | es of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national copy of the agreement. | | | | ny law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | ts of the bankrupto | cy case, including: | |
| 1 | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Services under c, above, will be provided pose-petition services, also including not and filing of reaffirmation agreements a thereof. | tement of affairs and plan which ors and confirmation hearing, a ed upon confirmation of wr regotiations with secured c | n may be required nd any adjourned ritten post-petit creditors to redu | hearings thereof; ion fee agreement uce to market valu | t for le; preparation |
| 7.] | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding. | | | nces, relief from s | stay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of an pankruptcy proceeding. | ny agreement or arrangement for | r payment to me for | or representation of the | he debtor(s) in |
| N | lovember 17, 2017 | /s/ James T. Mag | ee | | |
| \overline{D} | Date | James T. Magee | | | |
| | | Signature of Attorno Magee Hartman, | | | |
| | | 444 North Cedar | Lake Road | | |
| | | Round Lake, IL 6 | 60073 | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Dennis J. Mason | | Case No. | | |
|-------|---|--|------------|----|--|
| | | Debtor(s) | Chapter 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| | | Number of | Creditors: | 17 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | November 17, 2017 | /s/ Dennis J. Mason Dennis J. Mason | | | |

AmeriCredit/GM Financial P. O. Box 183853 Arlington, TX 76096

Capital One Bank Attn: Bankruptcy P. O. Box 30253 Salt Lake City, UT 84130

Chase Card
Attn: Correspondence Dept.
P. O. Box 15298
Wilmington, DE 19850

Citibank / Best Buy Centralized Bankruptcy P. O. Box 790040 Saint Louis, MO 63179

Citibank / Sears Attn: Centralized Bankruptcy P. O. Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Centralized Bankruptcy P. O. Box 790040 S Louis, MO 63129

Citicards CBNA Centralized Bankruptcy P. O. Box 790040 Saint Louis, MO 63179

Comenity Bank/Gander Mountain P. O. Box 182125 Columbus, OH 43218

First Bank Card P. O. Box 2557 Omaha, NE 68191

Fortiva/Atlanticus P. O. Box 10555 Atlanta, GA 30348 Lending Club Corp.
71 Stevenson Street, #300
San Francisco, CA 94105

Syncb/Citgo P. O. Box 965060 Orlando, FL 32896

Syncb/Mattress Firm P. O. Box 965064 Orlando, FL 32896

Synchrony Bank/BP Attn: Bankruptcy P. O. Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy P. O. Box 965060 Orlando, FL 32896

US Bank/RMS CC Card Member Services P. O. Box 108 St Louis, MO 63166

WFBN-Cabela's Club Visa Attn: Bankruptcy 4800 NW 1st Street Lincoln, NE 68521